

## Terminal Illness Claim Form

To claim, please complete this form and email it back to us at [life.claims@miwaylife.co.za](mailto:life.claims@miwaylife.co.za). Or you can call our Servicing Department on 0860 64 54 33.

Attach the following documents to the completed claim form:

1. Fully completed Terminal Illness Claim Form
2. Certified copy of Life Assured's ID
3. Bank statement stamped by the bank
4. Copies of medical aid claim statement (if applicable)
5. All available reports/tests, such as Histology Report, Blood Test Report, X-ray Report, CT/MRI Scan Report, ECG, and Angiogram results in the event of cardiac claims and any other result pertinent to the claim event

MiWayLife reserves the right to request further information that they deem necessary to complete the assessment of the claim.

### Section A: Particulars of the Insured

- a. Full first name(s) and Surname: \_\_\_\_\_
- b. ID Number: \_\_\_\_\_
- c. Date of Birth: \_\_\_\_\_
- d. Marital status (Single / Married / Divorced / Widowed / Permanent Life Partner): \_\_\_\_\_
- e. Residential Address: \_\_\_\_\_  
\_\_\_\_\_
- f. Contact Details (Home, Work and / email address, or Cell number):  
\_\_\_\_\_
- g. Name of Employer: \_\_\_\_\_
- h. Medical Aid Name: \_\_\_\_\_ Medical Aid no. \_\_\_\_\_

### Section B: Details of the Terminal Illness

- a. What is the cause of your claim? \_\_\_\_\_
- b. Date of first symptoms: \_\_\_\_\_
- c. When was the first time you saw a doctor about this condition? \_\_\_\_\_
- d. Date on which your terminal illness was first diagnosed? \_\_\_\_\_
- e. How much are you claiming? Please write 50% or 100% \_\_\_\_\_
- f. Please provide the names of all doctors, hospitals, and clinics that you consulted in connection with the conditions:  
  
Dr: \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
Postal Code: \_\_\_\_\_

Work Tel: \_\_\_\_\_ Date/s visited: \_\_\_\_\_

Dr: \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Work Tel: \_\_\_\_\_ Date/s visited: \_\_\_\_\_

Dr: \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Work Tel: \_\_\_\_\_ Date/s visited: \_\_\_\_\_

Have you been hospitalised? Yes or No \_\_\_\_\_

Please provide the name of the hospital and date of hospitalisation and discharge \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

g. Details of the doctor/specialist who is currently treating your condition:

Doctor's Surname: \_\_\_\_\_ Initials: \_\_\_\_\_

Physical address: \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

Telephone number: \_\_\_\_\_

h. Details of your family doctor:

Doctor's Surname: \_\_\_\_\_ Initials: \_\_\_\_\_

Physical address: \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

Telephone number: \_\_\_\_\_

When was the last time you saw this doctor? Please provide details \_\_\_\_\_

\_\_\_\_\_

## Section C: Declaration and Authorisation by the Insured

### Declaration

I \_\_\_\_\_ (Full First name(s) and Surname printed), declare that the above details are true and correct. I understand that in the event that this claim or any supporting documentation (or claim documentation) is found to be fraudulent MiWayLife reserves the right to proceed with the appropriate action against the claimant.

### Authorisation

I further irrevocably authorise any Doctor or any other person who has treated me, or any hospital or other institution which has medical information about me, to disclose such information to MiWayLife.

Signature of Life Assured \_\_\_\_\_ Date: \_\_\_\_\_

### MiWayLife Disclosures

**POPIA**

MiWayLife cares about your privacy. To provide you with our service, we and our service providers must process the personal information you provide us with by completing this form. We will treat this information with caution, and we have put reasonable security measures in place to protect it.

**FICA**

In line with the applicable anti-money laundering laws of South Africa, we are required to obtain specific information and evidence to verify your identity when applying for cover and on an ongoing basis. If we do not receive the requested information within a reasonable time, we may be unable to render our services.